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ATTACHMENT V

510(k) SUMMARY

K031846

Statement	Information supporting claims of substantial equivalence, as defined under the Federal Food, Drug, and Cosmetic Act, respecting safety and effectiveness is summarized below. For the convenience of the Reviewer, this summary is formatted in accordance with the Agency's final rule ".... 510(k) Summaries and 510(k) Statements ...." (21 CFR 807) and can be used to provide a substantial equivalence summary to anyone requesting it from the Agency.
	MODIFIED DEVICE NAME: CardioVations Optical Bipolar Device
	PREDICATE DEVICE NAME: Clearglide Precision Bipolar Device
Device Description	The CardioVations Optical Bipolar is a sterile, single patient use, bipolar electrosurgical instrument with features to dissect, coagulate, and transect tissue with a knife blade. The instrument will be indicated for endoscopic and open tissue dissection bipolar coagulation and transection of vessels. For example like the predicate device, the instrument will be used in vessel harvesting for side branch management (e.g., dissection, coagulation, cutting). The working end of the instrument is composed of the inline jaws for clamping tissue (vessels), the electrode surface for bipolar coagulation and the knife for vessel transection. A cannula port is included in the modified device design for endoscope insertion and a CO_2 luer connection. The instrument is 50 cm (19.6 inches) in length, and utilizes bipolar energy from a standard bipolar electrosurgical generator (ESG).
Intended Use	The CardioVations Optical Bipolar Device is intended to be used for endoscopic and open dissection, bipolar coagulation, and transection of vessels.
Indications Statement	The CardioVations Optical Bipolar Device is indicated for endoscopic and open dissection, bipolar coagulation, and transection of vessels.

Technological Characteristics	The modified device has the same technological characteristics as the predicate device. The form, fit, function and method of operation are similar.
Performance Data	Results of verification testing indicates that the product meets the established performance requirements.
Conclusion	Based upon the 510(k) summaries and 510(k) statements (21 CFR 807) and the information provided herein, we conclude that the subject device is substantially equivalent to the predicate devices under the Federal Food, Drug and Cosmetic Act.
Contact	Peter Cecchini Manager Regulatory Affairs ETHICON, Inc. Rt. 22 West Somerville, NJ 08876-0151
Date	June 13, 2003

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUL 2 1 2003

Mr. Peter Cecchini
Manager, Regulatory Affairs
Ethicon, Inc.
Route 22 West
Somerville, New Jersey 08876-0151

Re: K031846
Trade/Device Name: CardioVations Optical Bipolar Device
Regulation Number: 21 CFR 878.4400
Regulation Name: Electrosurgical cutting and coagulation device and accessories
Regulatory Class: II
Product Code: GEI
Dated: June 13, 2003
Received: June 26, 2003

Dear Mr. Cecchini:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97) you may obtain. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Miriam C. Provost

for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE

510(k) Number (if known): K031846

Device Name: CardioVations Optical Bipolar Device

Indications for Use: The CardioVations Optical Bipolar Device is indicated for endoscopic and open dissection, bipolar coagulation, and transection of vessels.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The Counter Use
(Per 21 CFR 801.109)

(Optional Format 1-2-9G)

Miriam C. Provost
(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K031846